

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | AM | 907 | 2-26-01 |
| RESPONSE FORMALITY REVIEW | LT | 907 | 6-17-01 |

INDEX OF CLAIMS

| | | | |
|-------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| (Through numeral) | Canceled | A | Appeal |
| | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| 1 | ✓ | ✓ | 1-29-01 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

6/11/01
6/10/01